## PART B - FEE(S) TRANSMITTAL

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ASTRUCTIONS: This for appropriate, All Briting coindings and appropriate corrected	rm should be used for transrespondence including the below or directed otherwise	Smitting the ISSU Patent, advance or in Block 1, by (a		_ \ /		I through 5 s I to the current adicating a sepa	hould be completed when correspondence address a arate "FEE ADDRESS" fo
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Kevin S Lemack Nields & Lemack 176 E Main Street Westboro, MA 01:	58 I			I hereby certify States Postal Sc addressed to the transmitted to the	Certificate of M that this Fee(s) Tra rvice with sufficien e Mail Stop ISSU the USPTO (703) 746	ailing or Trans nsmittal is bein t postage for fir E FEE address 5-4000, on the c	smission g deposited with the Unite st class mail in an envelop above, or being facsimil late indicated below.
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APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/009,744	03/08/2002	<u></u>	David W. Ste	ockbower	МС	A-464	1224
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APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE		EE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0		1330	11/26/2004
EXA	MINER	ART UNIT		CLASS-SUBCLASS			
BELL, I	BRUCE F	1746	36 204-282000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME ANI	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (	print or type)			
PLEASE NOTE: Unless recordation as set forth i	s an assignee is identified be n 37 CFR 3.11. Completion	clow, no assignce of this form is NO	data will appea T a substitute fo	r on the patent. If an r filing an assignment,	assignee is identifi-	ed below, the d	ocument has been filed for
(A) NAME OF ASSIGN	EE	(B	B) RESIDENCE	: (CITY and STATE O	R COUNTRY)		
Mykrolis Co	Bedford,	Massachus	etts				
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pate	ent): 🗖 Individual	Corporation or	other private gre	oup entity Government
4a. The following fee(s) are	enclosed:	4h	Payment of Fe	ee(s): the amount of the fee(s	i) is enclosed.		
Publication Fee (No:	small entity discount permitte	ed)	Payment by	credit card. Form PTC	0-2038 is attached.		
Advance Order - # o	f Copies 10		The Direct Deposit Accou	or is hereby authorize at Number 14-09	by charge the req	uired fee(s), or close an extra c	credit any overpayment, to opy of this form).
	(from status indicated above MALL ENTITY status. See	•		t is no longer claiming			
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issu hiblication Fee (if required) vords of the United States Pate	ue Fee and Publicate will not be accepted and Trademark	tion Fee (if any) d from anyone of Office.	or to re-apply any pre- ther than the applicant	viously paid issue for a registered attorned	ee to the applica	ntion identified above. ne assignee or other party in
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

United the Paperwork Reduction Act of 1995, no bers	Application Number	10/009,744  March 8, 2002  David W. Stockbower		
TRANSMITTAL FORM	Filing Date			
FORM	First Named Inventor			
(to be used for all correspondence after initial filing)	Art Unit	1746		
	Examiner Name	Bell, Bruce F.		
Total Number of Pages in This Submission 5	Attorney Docket Number	MCA-464		

ENCLOSURES (Check all that apply)								
Fee Transmittal Form  X Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Remarks  Issue Fee						
	SIGNA'	URE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual Signature	1120200							
Date	Date September 17, 2004							
	CERTIFICATE OF TRANSMISSION/MAILING							
	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on							

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Date

Sept. 17, 2004

Kevin S. Lemack

the date shown below.

Typed or printed name

Signature



## **BOX ISSUE FEE**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit: 1746

David W. Stockbower

Examiner: Bell, Bruce F.

Serial No.: 10/009,744

Filed: March 8, 2002

Allowance Date: 8/26/04

Case No: MCA-464

Confirmation No: 1224

For:

HYDROPHOBIC AND HYDROPHILIC MEMBRANES TO VENT TRAPPED GASES

IN A PLATING CELL

Commissioner for Patents P.O. Box 1450

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Alexandria, VA 22313-1450

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## LETTER OF TRANSMITTAL

Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of \$1,360.00 in payment of the issue fee and the advanced order fee for the above application.

Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. 14-0930.

Please notify Applicant's attorney if any problems should arise.

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22313-1450, on September 17, 2004

Signature: Kevin S. Lemack
Date: September 17, 2004

Respectfully submitted,

Kevin S. Lemack
Attorney for Applicants
Registration No. 32,579
Nields & Lemack
176 E. Main Street

Westboro, MA 01581 TEL: (508) 898-1818

PTO/SB/17 (10-03)
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	for	FY	200	4			

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	1	,	360	.00
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Complete if Known						
Application Number	10/009,744					
Filing Date	March 8, 2002					
First Named Inventor	David W. Stockbower					
Examiner Name	Bell, Bruce F.					
Art Unit	1746					
Attorney Docket No.	MCA-464					

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
X Check Credit card Money Other None			3. ADDITIONAL FEES						
Order Order			<u>Large</u>	Entity	Small	Entity	•		
Deposit.				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	See Boid
Account	14	-0930		1051	130	2051		Surcharge - late filing fee or oath	Fee Paid
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	s authorized to	o: (check all that apply)		1053	130	1053		Non-English specification  For filing a request for ex parte reexamination	<u> </u>
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X Charge any	additional fee	(s) or any underpayment of	f fee(s)	1804	920*	1804	920"	Requesting publication of SIR prior to Examiner action	<u> </u>
[L_]	• •	elow, except for the filing	rfee <sup>.</sup>	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-ide				1251	110	2251	55	Extension for reply within first month	
		ALCULATION		1252	420	2252	210	Extension for reply within second month	
1. BASIC FI Large Entity S				1253	950	2253	475	Extension for reply within third month	
Fee Fee	Fee Fee	Fee Description	Fee Pald	1254	1,480	2254	740	Extension for reply within fourth month	
, ,	Code (\$)	I faille Alling for		1255	2.010	2255	1.005	Extension for reply within fifth month	
	2001 385 2002 170	Utility filing fee Design filing fee		1401	330	2401	165	Notice of Appeal	
	2002 170	Plant filing fee		1402	330	2402		Filing a brief in support of an appeal	
	2003 203	Reissue filing fee		1403	290	2403		Request for oral hearing	
	2005 80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		SUBTOTAL (1) (\$)		1452	110	2452	55	Petition to revive - unavoidable	
				1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA C	LAIM FEE	S FOR UTILITY AND		1501	1,330	2501	665	Utility issue fee (or reissue)	1330
		Extra Claims below		1502	480	2502	240	Design issue fee	
Total Claims Independent	-20'	" =	<u> </u>	1503	640	2503	320	Plant issue fee	
Claims	-3*	"=	ļ‡	1460	130	1460	130	Petitions to the Commissioner	
Multiple Depen	ident	· <u>L</u>	J ₹	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Fee Fee	Small Entity Fee Fee	Fee Description		1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$)	Code (\$)			8021	40	8021	. 40	Recording each patent assignment per property (times number of properties)	
1202 18	2202 9			1809	770	2809	385	Filing a submission after final rejection	
1201 86	2201 43	•			į			(37 ČFR 1.129(a))	
1203 290	2203 145	•		1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
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and over original patent			Other fee (specify) Advanced order -10 30						
SUBTOTAL (2) (\$)			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,360.00						
**or number previously paid, if greater, For Reissues, see above			, see adove					(-/  (\psi / 1) =	,00.00

(Complete (if applicable)) SUBMITTED BY Registration No. Name (Print/Type) Telephone 508-898-1818 Lemack (Attorney/Agent) Sept. 2004 17, Date Signature

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